most the Papernori. Reduction Act of 1906, no persons are required to respond to a collection of information unites & displays a yard CMB control number. U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE TU wee exough 7/31/2006, CMB 0651-0032 Substitute for Form PTO-875 Application or Docket Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE (1) [37 CFR 1 16(4) [6] @ [C]] FEE (S) NA RATE (1) SEARCH FEE N/A NIA FEE (I) 150.00 137 CFR 1 16(4). (1). ox (my) NA N/A 300,00 N/A EXAMINATION FEE NVA \$250 (37 CFR 1 16(0). (p). or (q)) NA NIA \$500 N/A TOTAL CLAIMS NVA \$100 (D) OFR 1 16(0) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR minus 3 = X100 If the apacification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 OFR | 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360-* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING ⋖ SMALL ENTITY NUMBER PRESENT ENT AFTER RATE (\$) PREVIOUSLY AMENDMENT ADDI-**EXTRA** RATE (\$) Total Of CFR 1.16(1) PAID FOR TIONAL ADOL. **TENDMI** Minus TIONAL FEE (S) FEE (5) X\$ 25 Independent DI CFR 1.18hii Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESTIDENTION OF PREMIUM DELETIONS COMM (3) OFR 1,160) +180* +360= OR TOTAL TOTAL ADO'L FEE ADO'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS 8 HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (\$) PAID FOR ADOI-TIONAL Total profe Librar FEE (5) Minus TIONAL FEE (S) Independent Of CFR 1.16(N). X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100. X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.160)

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

+180=

ADD'L FEE

TOTAL

+360=

ADD'L FEE

TOTAL

OR

OR ,

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box incolumn \$1.

the Trigines number Previously raid not 1 total or independent is the highest number round in the appropriate local number in the public which is to file (and by the string patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments hearing themsering, proposing, and economically use completed apparation form to the var value of time you require to complete this form and/or suggestions for reducing this builden, should be sent to the Chief Information Officer, U.S. Peters Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS